

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-043092

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146

Primary Registration District 3026

Registrar's No. 571

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

17005

27005

3

4 0

5 1

6

7 0

8 2

9 177X

10

11

12 1-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH NOV 29 1962

a. COUNTY JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN INDEPENDENCELength of stay in 1b  
22 yrs.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION INDEP. SAN. & HOSP.Inside Limits  
Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY JACKSON

c. CITY OR TOWN INDEPENDENCE

Inside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
219 W. FARMERReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First Middle Last  
EDWIN CARL SHARP4. DATE OF DEATH  
Month Day Year  
NOVEMBER 23, 19625. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
2-8-18989. AGE (last birthday)  
64IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
DIESEL MECHANIC10b. KIND OF BUSINESS OR INDUSTRY  
SHEFFIELD STEEL CO.11. BIRTHPLACE (City and state or country)  
HIGBEE, MISSOURI12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

LUCAS SHARP

13b. MOTHER'S MAIDEN NAME

OLA HAYDEN

14. NAME OF HUSBAND OR WIFE

BERTHA SHARP

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
NO16. SOCIAL SECURITY NO.  
[REDACTED]17. INFORMANT Address  
Bertha Sharp, 219 W. Farmer, Independence, MO

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral infarction

INTERVAL BETWEEN ONSET AND DEATH  
1 wk

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Carcinoma prostate &amp; metastases

unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour : Month, Day, Year  
a.m. p.m.20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 11-15-62 to 11-23-62 and last saw her alive on  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Charles A. Kendall MD

22b. ADDRESS

Independence Mo

22c. DATE SIGNED

11-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify)  
REMOVAL23b. DATE  
11-23-6223c. NAME OF CEMETERY OR CREMATORY  
HIGBEE CEMETERY23d. LOCATION (City, town, or county)  
HIGBEE, MISSOURI

(State)

24. FUNERAL DIRECTOR

ADDRESS

GEO. C. CARSON &amp; SONS, INDEPENDENCE, MO.

25. DATE RECD. BY LOCAL REG.

11-23-62

26. REGISTRAR'S SIGNATURE

Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

NOV 30 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Marshall E. Blackwell*

Licensed Embalmer No.

*4713*

P. O. Address

*Raytown, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.